

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF REGULATION AND LICENSURE SECTION FOR LONG TERM CARE REGULALTION

## **FACILITY INSPECTION REPORT**

												INTERNAL USE ONLY - EVENT ID							
FACIL	ITY NAI	ME						☐ F	RCF	☐ RCF*	☐ ALF		ALF**		] IC	F	SNF		
ADMIN	TOR/MANA	AGER				CITY	1					COUNT	Υ						
ADMINISTRATOR LICENSE NUMBER FACILITY NUMBER								С	APAC			EXCEPTIONS  YES NO			SECOND BUSINESS				
									TYPE		EXPIRATIO					_			
	S [		CENSUS	Y	ES IT DATE		<u> </u>			REGULAR  TEMPORAR SURVEY EVENT ID									
INSPECTION CENSUS EXIT DATE  ☐ FULL ☐ INTERIM						REVI		GONVET EVENT IS			REVIS				SIT #2				
VIOLATION OF REGULATIONS						CENSUS	E	EXIT DATE			CENSUS			EXIT DATE					
YES	NO				Not Corrected Corrected			lo of Cla	ass III	New Deficiency	Corrected	Not Corrected		No of Class			New Deficiency		
		CONSTRUCTION				00.1100.00	00110010			T	Delicionary	00.100.00		511 551.54				Dometerioy	
		FIRE SAFETY																	
		PHYSICAL PLANT																	
		ADMINISTRATION AND																	
		RESIDENT CARE																	
		DIETARY																	
		RESIDENTS' RIGHTS AND																	
		GRIEVANCE PROCEDURES																	
		PERSON	NAL FUNDS																
FACILITY REPRESENTATIVE SIGNATURE/TITLE					FACILITY REPRESENTATIVE SIGNATURE/TITLE FACILITY REPRESENTATIVE								SIGN	NATUI	RE/TITLE				
DATE						DATE						DATE							
SLTC TEAM LEADER						SLTC TEAM LEADER						SLTC TEAM LEADER							
INSPECTOR					INSPECTOR						INSPECTOR								
INSPECTOR					INSPECTOR						INSPECTOR								
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DATE						DATE						DATE							
LIST	COMPL	AINT NUN	MBERS INV	ESTIG	SATED AN	ID COMMENT													

MO 580-2736 (4-07)

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